

MAINE DEPARTMENT OF LABOR  
Bureau of Unemployment Compensation  
19 Union Street, P.O. Box 259  
Augusta, ME 04332-0259

**INFORMATION ON EMPLOYMENT RELATIONSHIP WITH SALES PERSON**

*Directions: Please complete the following questions so that we may determine if the sales services provided to you are considered covered employment.*

Company	Salesperson
Business Name	Salesperson's Social Security Number
Business Address	Salesperson's Address
Business Telephone Number	Salesperson's Telephone Number

1. Describe the company's type of business: \_\_\_\_\_
2. Describe this sales person's duties: \_\_\_\_\_
3. How is the salesperson paid? ☐ Commissions ☐ Hourly ☐ Salary ☐ Hourly plus commissions  
☐ Salary plus commissions or ☐ Other (please explain): \_\_\_\_\_
4. How often does the company pay this salesperson? ☐ Weekly ☐ Every other week ☐ Monthly  
☐ Other (please explain): \_\_\_\_\_
5. Was the amount paid negotiated with the salesperson:..... ☐ Yes ☐ No
6. How did you come to hire this salesperson: \_\_\_\_\_
7. What type of work did this person do before working for this job: \_\_\_\_\_
8. Beginning date of this salesperson's employment: \_\_\_\_\_  
Ending date of this salesperson's employment: \_\_\_\_\_
9. Did you furnish this salesperson with: (check all that apply)  

<input type="checkbox"/> Vehicle	<input type="checkbox"/> Samples of Merchandise	<input type="checkbox"/> Drawing Account
<input type="checkbox"/> Business Cards	<input type="checkbox"/> Expense Account	<input type="checkbox"/> Order Banks
<input type="checkbox"/> Office Facilities	<input type="checkbox"/> Price Lists	<input type="checkbox"/> Company Charge Accounts
<input type="checkbox"/> Telephone/ Cell Phone	<input type="checkbox"/> Clerical Help	
10. Is the salesperson free at all times to:  
Sell for other companies ..... ☐ Yes ☐ No  
Sell competitive merchandise or services..... ☐ Yes ☐ No  
Hold another job simultaneously..... ☐ Yes ☐ No
11. Do you require of this salesperson:  
Attendance at all sales meetings ..... ☐ Yes ☐ No  
Fixed hours of work..... ☐ Yes ☐ No

A minimum number of customer calls during certain intervals ..... ☐ Yes ☐ No  
 Your approval of sales ..... ☐ Yes ☐ No  
 Reports of any type ..... ☐ Yes ☐ No  
 Policies or instructions to be followed ..... ☐ Yes ☐ No  
 Liability insurance or a bond ..... ☐ Yes ☐ No  
 Duties other than selling ..... ☐ Yes ☐ No  
 If yes, please explain \_\_\_\_\_

12. Do you restrict this salesperson in any of the following ways:

Sales territory ..... ☐ Yes ☐ No  
 Selling price for the service or product ..... ☐ Yes ☐ No  
 Terms and/or conditions of the sale ..... ☐ Yes ☐ No  
 To who sales may be made ..... ☐ Yes ☐ No

13. May this salesperson sell your merchandise or services on credit? ..... ☐ Yes ☐ No

If "Yes," does the company:

Carry the accounts receivable ..... ☐ Yes ☐ No  
 Collect the accounts ..... ☐ Yes ☐ No  
 Stand potential credit losses ..... ☐ Yes ☐ No

14. Does this salesperson employ assistants or subcontractors in this work? ..... ☐ Yes ☐ No

If "Yes":

Are the assistants subject to your control ..... ☐ Yes ☐ No  
 Do you pay the assistants for their services ..... ☐ Yes ☐ No  
 Can you end the assistants' employment ..... ☐ Yes ☐ No

15. Do you have the right to end the employment of this salesperson at any time without any obligation? ..... ☐ Yes ☐ No

16. May the salesperson end the employment relationship with you at any time without any obligation to your company? ..... ☐ Yes ☐ No

17. Does the salesperson have his or her own place of business? ..... ☐ Yes ☐ No

18. Can this salesperson lose money working for your company? ..... ☐ Yes ☐ No  
 If "Yes," explain how: \_\_\_\_\_

Please attach and submit with this questionnaire copies of any written agreement(s) between you and this salesperson.

Signature of Company Representative	Title of Company Representative	Date
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**QUESTIONS?**

Contact a Status Representative at (207) 287-3176; Fax at (207) 287-3733,  
 TTY (Deaf / Hard of Hearing): 1-800-794-1110, e-mail at [division.uctax@Maine.gov](mailto:division.uctax@Maine.gov) or  
 contact a Field Advisor and Examiner at one of the numbers below:

Augusta ..... (207) 287-1240	Bangor ..... (207) 561-4093	Lewiston ..... (207) 753-2895
Machias ..... (207) 255-1934	Portland ..... (207) 822-0210	Presque Isle ..... (207) 768-6813